AMERICAN MEDICAL STUDENT ASSOCIATION HOUSE OF DELEGATES **2016**RESOLUTION **B6**

INTRODUCED BY: Jim Curry, Member Health Care for All Campaign; Stefanie Smith, Premedical Trustee

SCHOOL: UIC College of Medicine, Chicago; University of Missouri

SUBJECT: Amendment to Principles Regarding Food and Nutrition

TYPE: Resolution of Principles

WHEREAS the benefits to health of breastfeeding are overwhelming, well documented and encompass the health of the baby, mother, family, acquaintances and health system [2, 4, 9, 10, 11, 19, 20, 22, 24-27]; and,

WHEREAS breastfeeding is the optimum standard of nutrition for the newborn and infants, while supplementation or substitution of any kind or duration is inferior and carries health risks [2, 4, 9, 11, 19, 20, 22, 24]; and,

6 2

- WHEREAS support for the promotion and practice of breastfeeding has been articulated by the World Health Organization (WHO) [24-27], the United States Department of Health and Human Services (DHHS) and U.S.
- Surgeon General [18-20], the American Academy of Pediatrics [2, 3], the American Academy of Family
- Physicians, the American College of Obstetricians and Gynecologists [21], the Centers for Disease Control and
- Prevention (CDC) including the Healthy People initiatives [10], and Baby-Friendly USA [4], et cetera; and,

WHEREAS the U.S. Preventive Services Task Force recommends interventions for promotion and support of breastfeeding during pregnancy and after birth, with a grade of B [21], however breastfeeding benefits are not uniform under all U.S. health insurance providers and plans [18]; and,

WHEREAS awareness and rates of initiation and maintenance of breastfeeding have been increasing across the United States, yet, the increases in rates have not been experienced evenly across all racial, socioeconomic and geographical groups [4, 7-10, 15], nor have they reached the successive targets of the American Academy of Pediatrics, Healthy People or the World Health Organization [2, 10, 26, 27]; and,

WHEREAS the care and development of all babies is fundamental to their later health and capabilities, and the most sensitive time for initiation and maintenance of breastfeeding is peripartum [2, 9, 17]; and,

WHEREAS 98.5% of all births in the United States occurred in a hospital in 2014 [8]; and,

 WHEREAS the highest quality, evidence based practices for promoting and supporting breastfeeding are articulated in the WHO Baby Friendly Hospital Initiative [4]. Hospitals utilizing these practices experience decreased disparities in breastfeeding rates [15], and achieve up to thirteen [13] times the adherence rates at six [6] weeks postpartum compared to those utilizing none [7]; and,

WHEREAS it is the mission of every health care provider- individual or entity- to provide the utmost standard of care to every patient, yet only 16% of U.S. births in 2012 occurred in Baby-Friendly designated facilities [4]; and,

WHEREAS improvements for participating providers in the BFH Initiative include greater patient satisfaction, better long term patient outcomes, as well as improved community brand recognition [12]. Breastfeeding may contribute to lower rates of hospital readmission and therefore hospital penalties [5], as well and fewer employee sick days [9]; and,

WHEREAS the most frequently cited barrier for entry to achieving Baby Friendly Hospital status is the extra cost of purchasing breast-milk substitutes, due to the free marketing donation practices of formula manufacturers [12, 15, 22, 27]; and,

WHEREAS these marketing practices are opposed by the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the US Government Accountability Office (GAO), the Centers for Disease Control and Prevention (CDC), and the World Health Organization as expressed in the International Code of Marketing Breast-milk Substitutes [16, 27]; and,

WHEREAS the cost of implementing and maintaining Baby-Friendly Hospital practices has been found to be small, to decrease over time and is not statistically significant [1, 4, 6, 12, 14, 23]; and,

WHEREAS utilizing best practices is best enabled in supportive, reinforcing environments and systems [21]; and,

WHEREAS alternatives exist for diminishing or eliminating barriers to Baby-Friendly breastfeeding, including financial incentives and cultures of care.

THEREFORE BE IT RESOLVED that the Principles Regarding Food and Nutrition (p.56-58) be AMENDED by ADDITION AND SUBTRACTION to state:

5. In regard to infant nutrition:

a. STRONGLY SUPPORTS patient education about breast feeding; DISCOURAGES substituting infant formula for human breast milk unless indicated by medical or personal reasons not influenced by promotional methods; (1995)

b. SUPPORTS the establishment of mandatory nutrient standards and pre-market testing requirements for all infant formulas;

- c. SUPPORTS federal legislation to ensure achievement of such standards by all infant formulas produced and marketed in the United States;
- d.b. SUPPORTS the International Code of Marketing of Breast Milk Substitutes adopted by the 34th World Health Assembly of the World Health Organization (WHO);
- e.c. OPPOSES the vote cast by the United States against the International Code of Marketing of Breast Milk Substitutes at the 34th World Health Assembly of the WHO;
- -f. URGES all companies manufacturing, distributing, and promoting breast milk substitutes to comply voluntarily with all articles of the International Code of Marketing of Breast Milk Substitutes;
- d. SUPPORTS and advocates for the adoption of the WHO International Code of Marketing Breast-milk Substitutes by all necessary regulatory bodies so as to be implemented by all companies manufacturing, distributing, and promoting breast milk substitutes;
- g. e. URGES professional medical associations, especially the American Medical Association and the American Academy of Pediatrics, to support the International Code of Marketing of Breast Milk Substitutes, to oppose the U.S. vote against the Code, and to urge industry to voluntarily comply with all articles of the Code.
- h. f. SUPPORTS a renewed boycott of products manufactured or marketed by Nestle and American Home Products, which will be terminated when the companies' marketing practices conform to WHO policy. (1990)
- i.g. URGES the U.S. government to support UNICEF and WHO in their call for health professionals worldwide to implement the measures required to protect, promote and support breast feeding, and to

102 103 104

105

114 115 116

117

126

127

132 133 134

139 140 141

- refrain from promoting individual brands of infant formula. AMSA further advocates for the adoption of the WHO Baby-friendly Hospital Initiative by all necessary regulatory bodies so as to be implemented in all sites of health care delivery, especially hospitals and licensed birth facilities; and further
- h. Promotes the guaranteed inclusion of cost-free breastfeeding supportive services and devices, as well as infant formula or breast-milk substitutes where necessary, under essential, preventive coverage benefits of all patients and health plans;
- i. URGES the United States Preventive Services Task Force (USPSTF) to evaluate and grade the practice of breastfeeding as an intervention; and

Fiscal	note:	None	

- [1] Allen, J.A., Longenecker, H.B., Perrine, C.G., Scanlon, K.S. (2013). Baby-friendly hospital practices and birth costs. Birth, 40(4), pp. 221-226.
- [2] American Academy of Pediatrics (2012). Policy statement: Breastfeeding and the Use of Human Milk. Pediatrics, 129(3), pp. e827-841. DOI: 10.1542/peds.2011-3552.
- [3] American Academy of Pediatrics, Healthy Children.org (2015). Ages & Stages: Breastfeeding. Accessed online at: http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx.
- [4] Baby-Friendly USA (n.d.). Accessed online, November 2015, at: http://www.babyfriendlyusa.org/.
- [5] Burwell, S.M. (2015). Setting value-based payment goals HHS efforts to improve U.S. health care. New England Journal of Medicine, 372(10), pp. 897-899.
- [6] DelliFraine, J., Langabeer II, J., Williams, J.F., Gong, A.K., Delgado, R.I., Gill, S.L. (2011). Cost comparison of baby friendly and non-baby friendly hospitals in the United States. Pediatrics, 127(4), pp. e989-e994. doi:10.1542/peds.2010-1591.
- [7] DiGirolamo, A.M., and Grummer-Strawn, L.M. (2008). Effect of maternity-care practices on breastfeeding. Pediatrics 122(2), pp. S43-S49. DOI: 10.1542/peds.2008-1315e.
- [8] Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C., and Mathews, T.J. (2015). National Vital Statistics Report-Births: Final data for 2014. National Center for Health Statistics, 64(12), pp. 1-64.
- [9] HealthConnect One (HCO) (2012). Illinois Breastfeeding Blueprint: A Plan for change. Accessed online at: http://www.healthconnectone.org/pages/illinois_breastfeeding_blueprint/313.php.
- [10] Healthy People 2020 (2016). Maternal, infant and child health. United States Centers for Disease Control and Disease Prevention. Accessed online at: https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-childhealth/objectives.
- [11] Horta B.L., Bahl R., Martines J.C., Victora C.G. (2007). Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analyses. World Health Organization, Department of Child and Adolescent Health and Development. Geneva, Switzerland.
- [12] Langabeer II, J., Dellifraine, J. and Delgado, R. (2009). An economic cost analysis of becoming a baby friendly hospital. University of Texas Health Sciences Center at San Antonio. Accessed online at: http://www.breastfeedingor.org/wpcontent/uploads/2012/10/baby friendly cost analysis.pdf
- [13] MacDorman, M.F., Mathews, T.J., and Declercq, E. (2014). Trends in Out-of-Hospital Births in the United States, 1990-2012. CDC National Center for Health Statistics, NCHS Data Brief 144. Accessed online at: http://www.cdc.gov/nchs/data/databriefs/db144.pdf.
- [14] Merewood, A., & Philipp, B. L. (2001). Implementing change: becoming baby-friendly in an inner city hospital. Birth, 28(1),
- [15] Merewood, A., Mehta, S.D., Chamberlain, L.B., Philipp, B.L., Bauchner, H. (2005). Breastfeeding rates in US baby-friendly hospitals: Results of a national survey. Pediatrics, 116(3), pp. 628-634. DOI: 10.1542/peds.2004-1636.
- [16] Merewood, A., Grossman, X., Cook, J., Sadacharan, R., Singleton, M., Peters, K., and Navidi, T (2010). US hospitals violate WHO policy on the distribution of formula sample packs: Results of a national survey. Journal of Human Lactation 26(4), pp. 363-367.
- [17] Perrine, C.G., Scanlon, K.S., Li, R., Odom, E., Grummer-Strawn, L.M. (2012). Baby-friendly hospital practices and meeting exclusive breastfeeding intention. Pediatrics, 130(1), pp. 54-60.

- [18] U.S. Centers for Medicare and Medicaid Services (n.d.). Health benefits & coverage- Breastfeeding benefits. Accessed online at: https://www.healthcare.gov/coverage/breast-feeding-benefits/.
- [19] U.S. Department of Health and Human Services (2011). The Surgeon General's call to action to support breastfeeding. US Public Health Service, Office of the Surgeon General. Accessed online at: http://www.surgeongeneral.gov/library/calls/breastfeeding/.
- [20] U.S. Department of Health and Human Services, Office on Women's Health (2000). HHS blueprint for action on breastfeeding. Accessed online at: https://www.womenshealth.gov/archive/breastfeeding/programs/blueprints/bluprntbk2.pdf.
- [21] U.S. Preventive Services Task Force (2008). Primary care interventions to promote breastfeeding: U.S. Preventive Services Task Force recommendation statement. Annals of Internal Medicine, 149(8), pp. 560-564.
- [22] von Stumm, S. and Plomin, R. (2015). Breastfeeding and IQ growth from toddlerhood through adolescence. PLOS ONE, 10(9): e0138676. doi:10.1371/journal.pone.0138676.
- [23] Walsh, A.D., Pincombe, J. and Henderson A. (2010). An examination of maternity staff attitudes towards implementing Baby Friendly Health Initiative (BFHI) accreditation in Australia. Maternal Child Health Journal, 15, pp. 597-609.
- [24] World Health Organization, UNICEF (1990). Innocenti Declaration: On the promotion and support of breastfeeding. Accessed online at: http://www.who.int/about/agenda/health_development/events/innocenti_declaration_1990.pdf
- [25] World Health Organization, UNICEF (2003). Global Strategy for Infant and Young Child Feeding. Geneva, Switzerland. Accessed online at: http://www.who.int/maternal child adolescent/documents/9241562218/en/
- [26] World Health Organization, UNICEF (2015). Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care. Accessed online at: http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/.
- [27] World Health Organization (1981). International code of marketing of breast-milk substitutes. World Health Organization, Geneva, Switzerland.

REPORT OF REFERENCE COMMITTEE B

DISCUSSION

- **BOT:** Voted to adopt the resolution as written, with unanimous consent.
- **BRD:** Voted to adopt the resolution as written, with unanimous consent.
- **PRD:** none.
- **IRD:** Voted to adopt the resolution as written.
- ACTE: Voted to adopt the resolution as written. Representative commented that the Action Committee had a
- discussion but the vote record was not taken.
- Premedical Caucus: none.
- Other Groups: none.

SYNTHESIS OF DISCUSSION

- **PRO:** All testimonies given were for the adoption of the resolution as written.
- **CON:** There were no testimonies given against the resolution.

REFERENCE COMMITTEE COMMENTS

- Reference Committee B commends the detailed research behind the resolution and supports the rewording of
- the Principles Regarding Food and Nutrition in order for it to fall in line with current breastfeeding research and
- 185 WHO initiatives.

REFERENCE COMMITTEE RECOMMENDATION

Adopt the resolution as written.